TI	ГL	Ε	XIX	R	ΕР	O R	Т	0 F	Ε	X :	PE	N	D	Ι	Т	U	R	Ε	S
				(B)	Y C	ATEG	ORY	OF S	ER	/IC	E)								

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

155,330

17

48.486

38,688

8.167

16.452

2

5,225

4.257

0

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0

1,073

607.547

17.749

602.549

25,524

9,513

263,306

22.013

71,840

40,270

49.268

22,011

26.896

10,541

1,822

4,554

3,602

34,443

1.405

174

10.517

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1.391.953

1,569

600.601

607,016

47.740

56,921

137.659

594,930

371.712

548.122

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17.792

602,544

0

292-

5,117

1,848

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п

25.427

9,513

263,099

22.013

97,365

49.836

23,359

33.202

13.445

112,293

50,780

11.880

102,757

1.312,884

42,380

8,519

0

2,700,118

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20

PAGE

RUN DATE 08/23/08

TOTAL.

PAYMENT

\$50,849,779.86

\$29,390,658,36

\$3,773,840.81

\$73.200.452.33

\$41,604,241.51

\$16,271,152.68

\$26,665,914.05

\$5,865,898.17

\$1,082,561.75

\$6,725,539.03

\$7,934,879.05

\$2,046,174.00

\$1,542,084.93

\$19,916,143.56

\$2,114,928,44

\$1,420,854.51

\$1,134,377,11

\$6,814,801.51

\$2,791,140.55

\$6,784,603.77

\$1,220,808.32

\$746.182.02

\$412,260.91

\$644,489.17

\$488.086.37

\$776,240.46

\$879,121,10

\$88,520.25

\$3,315,972.49

\$48,893,218.42

\$526,096.00

\$32,901,288.08

\$398,060.10

\$554,903.14

\$43,043.37

\$18.99-

\$0.00

\$0.00

sn.nn

\$0.00

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\$0.00

\$425,361.59

\$7,479.08

\$0.00

sn.nn

\$0.00

\$0.00

\$0.00

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(FISCAL YTD TOTALS AS OF 08/31/08) CATEGORY OF SERVICE RECIPIENTS NUMBER OF UNITS OF SERVED CLAIMS SERVICE TNPATTENT 12,571 73,456 11,484

CHILD PART HOSP ο. Π Π CHILD DAY TREATMENT ADULT PART HOSP 0 ADULT DAY TREATMENT - 0 1,059 1,541 23,739 25.884 743.918 13,148 2.145 4.039 119.563

87,414

0

2,682

7,523

4,208

1.752

13,500

21,763

140,137

4,940

4.402

29,785

18,870

38.374

18,758

11,748

7,822

1,079

5,119

1,876

9,976

513

47

678

355

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635

3.0 53 17.269 31,252

18 156,737 429,265 27,808

SKILLED NURSING FACILITY INTERMEDIATE CARE FACILITY INTER CARE MENTAL RETARDA NURSING FAC FOR MENTAL ILL HOME HEALTH

LEAD INSPECTION AGENCY PHYSICIAN

26,064

CLINIC SERVICES MEP CASE MANAGEMENT LAB AND RADIOLOGICAL HABILITATION SERVICES

IAMM2200-R003 (MR-0-12)

AS OF 08/31/08

OUTPATIENT

REMEDIAL SERVICES REHAB SUPPORT SERVICES AMBULANCE SERVICES LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

PRESCRIBED DRUGS 137.319 DRUG CAPITATION INDIAN HEALTH SERVICES FAMILY PLANNING SERVICES 331,289 IOWA PLAN PROGRAM

MANAGED SUBSTANCE ABUSE

EPSDT SCREENING

MEDICAL SUPPLIES

OTHER PRACTITIONER

FAMILY PRESERVATION

PATTENT MANAGEMENT

HMO SERVICES

DENTAL

OPTOMETRIST

PODIATRIC

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

CHIROPRACTIC

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

IAN	IM22	:00-R003	(MR-O-12)
AS	OF	08/31/08	

ILL & HANDICAPPED WAIVER SVCS

*ALL CATEGORIES * 390,220

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 08/23/08

218,317

. 0

19,331

0

TOTAL PAYMENT \$11,621,603.14

\$3,541,449.63

\$5,021,231.23 \$1,571,010.87-

\$418,864,410,99

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

6,499

18,710

0

0

2,690,147 11,934,472 *** END OF REPORT ***

	(FISCA	L TID TOTALS AS OF US/3.	1708)
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	10.000	57.092	872.026

2,195

11,271

58

0